



The Los Angeles Department of Water and Power (LADWP) offers a residential Low Income Rate to customers within qualifying income levels. This rate reduces the cost of electricity, water, and sewer services for their permanent, primary residence.

“Income” means the combined gross income, whether taxable or non-taxable, of **all** persons who live in the household, which includes but is not limited to: the derived income from salaries, wages, child support, alimony, interest, rental income, dividends, Aid to Families with Dependent Children, Social Security income, spousal support payments, veteran benefits, disability, unemployment, retirement, cash, tips, public assistance, food stamps, and all employment-related non-cash income. All such income may not exceed the following:

MEMBERS IN HOUSEHOLD	MAXIMUM ANNUAL GROSS INCOME
1 – 2	\$ 28,600
3	\$ 33,600
4	\$ 40,500
5	\$ 47,400
For each additional person add...	\$ 6,900 per member

You will receive the discount after LADWP verifies your application and proof of income information.

To establish eligibility you must complete the enclosed application and return it, along with proof of income for each individual in the household, to the LADWP.

You must be the customer of record with LADWP and cannot be claimed on another person's Income Tax Return as a dependent.

Proof of income for the customer of record and each member of the household must be included with the completed application. Proof of income is a copy of any one of the following:

- Previous year State or Federal Income Tax Return; or
- Previous year Social Security Benefit Statement; or
- Copy of previous year Social Security Check or SSI check; or
- Previous year SSI Disability Award Letter; or
- Award Letter (Notice of Action) for CALWORKS, CAPI, General Relief, or Food Stamps; or
- Paycheck stubs; or
- Layoff notice;
- If none of the above are applicable, you must provide a NOTARIZED LETTER from you employer stating income.

If you have questions on the Low Income Rate, please call the LADWP Customer Contact Center at:

Metropolitan Los Angeles: (213) 481-5411
 Other areas: (800) 342-5397
 Hearing/Speech Impaired Customers: (800) 735-2922

Mail your completed application and proof of income document(s) to:

L.A. Department of Water and Power
 LIDP, Room L63
 P.O. Box 515407
 Los Angeles, CA 90051-6707

For information about this or other LADWP programs log on to www.ladwp.com.



Low Income Discount Application Form

Dear Customer:

Thank you for your interest in participating in the City of Los Angeles Low Income Discount Rate Program. Customers participating in this program are required to verify and declare their eligibility yearly or more often if requested. **Customers who do not provide proof of income or households not meeting the eligibility guidelines will not be entered or renewed in the program.**

Please provide all the information requested below and your proof of income as described in the attached Low Income Rate Information and Application Instructions and mail the form and the proof of income to the Los Angeles Department of Water and Power (LADWP).

(Please print clearly)

LADWP Customer of Record Name: _____
(as it appears on your LADWP bill)

Service Address: _____

LADWP Account Number: _____

Social Security Number: _____

Number of people living in Household: _____

Annual Household Income: \$ _____

New Applicant: ___Yes ___No

Renewal ___Yes ___No

I verify that the Annual Household Income listed above is true and correct. I understand that the City of Los Angeles reserves the right to verify my household income. I will notify the Los Angeles Department of Water and Power if I no longer qualify for the Low Income Discount Rate for my permanent primary residence.

Signature _____ Date _____

Daytime Telephone Number: () _____

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Other areas	(800) 342-5397
Hearing and speech-impaired customers	(800) 735-2922.

Applicants not providing complete information or acceptable proof of income for all household members are ineligible for the low-income discount. Please mail this **signed** form along with proof of income within 30 days to:

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LIDP, Room L63
P.O. Box 515407
Los Angeles, CA 90051-6707

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